

# CLAIMS ONLY

SERIAL NO.

FILING DATE

**BEST AVAILABLE COPY**

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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15						
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20						
21	1					
22	1					
23	1					
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46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	20					
TOTAL CLAIMS	25					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS